



The Actor Factory

THEATER DAY CAMP

Open to participants that have completed 3rd through 6th grade.

Teambuilding exercises, Story-telling, improvisation, character development, playwriting, and choreography
Develop sportsmanship, teamwork, and confidence through games, sports, crafts, and field trips!

Each Day will start and end at
Irving Middle School
2010 Vandorn
441-7952

Our mission: is to provide a personal development program for young people that uses theater arts to teach creativity and responsibility; to encourage teamwork and personal integrity; and to foster self-esteem and appreciation for live theater.



Theater camp is an ideal summer activity for kids grades 3rd through 6th. Operated by: Sara Bucy & Kathryn Cover. Sara and Kathryn are professional directors of theatre for young audiences. Both women hold degrees in theatre and have worked extensively with creative drama and developing original works for the stage.

Weekly Base Fee:
7:00 am - 6:00 pm
\$135.00 per child
Your balance is due according to the following schedule:

Weeks 1-3 Payment due May 12
Weeks 4-7 Payment due June 2
Weeks 8-10 Payment due June 30

\$10 per child/per week nonrefundable deposit due at time of registration. Applies to your total bill.



SPACE IS LIMITED. REGISTER NOW! QUESTIONS? PLEASE CALL 441-7952

THEATER DAY CAMP 2006 PARTICIPANT REGISTRATION

Last Name First Name

Grade School Date of Birth

Street Address

City State Zip Code

Parent/guardian Name

Evening Phone Day Phone Cell Phone

Another person to contact in case of emergency Phone

Please check the fee that applies to your student:

- ☐ #1 June 5 - 9 ☐ #2 June 12 - 16
☐ #3 June 19 - 23 ☐ #4 June 26 - 30
☐ #5 July 3 - 7 ☐ #6 July 10 - 14
☐ #7 July 17 - 21 ☐ #8 July 24 - 28
☐ #9 July 31 - Aug 4 ☐ #10 Aug 7 - 11

T-Shirt Size Youth or Adult Sizes
YM YL AM AL AXL

PAYMENTS Make checks payable to:

Lincoln Parks and Recreation
Send payment to:
Playground Office
1225 "F" ST
LINCOLN, NE. 68508

Amount enclosed _____

Check # _____

WAIVER AND RELEASE OF CLAIMS:

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Lincoln Parks and Recreation program named above, I/we recognize and acknowledge that there are certain risks of physical injury that may be sustained as a result of participating in any and all activities connected with or associated with such a program.

I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln, Lincoln Parks and Recreation, its officers, agents, employees, volunteers and program affiliates from any and all claims arising from injuries, including death or loss which I/we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program.

I/we further agree to indemnify and hold harmless and defend the City of Lincoln, Lincoln Parks and Recreation, its officials, agents, employees, volunteers, and its program affiliates from any and all claims resulting from injuries, including death, damages, and losses sustained by the undersigned or my minor child or ward arising out of this program. I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.

Name of parent/guardian (please print): _____

Parent/guardian signature: _____

Relationship: _____ Date: _____

TRANSPORTATION AND MEDICAL PERMISSION:

I authorize Lincoln Parks and Recreation, to transport my child by van or other vehicle associated with the above program. In the event of any emergency, I authorize Lincoln Parks and Recreation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment and any and all medical services rendered.

Parent/guardian signature: _____ Date: _____

PHOTO/MEDIA RELEASE:

I authorize the City of Lincoln, Lincoln Parks and Recreation to use the above named child's image for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use. I understand I am to receive no compensation of any kind as a result of any recordings, broadcasts, rebroadcasts, or other non-broadcast uses thereof. The City of Lincoln, Lincoln Parks and Recreation, Heartland Big Brothers Big Sisters, Family Service and Lincoln Public Schools shall have complete ownership of resultant production using my child's image.

Parent/guardian signature: _____ Date: _____